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 ** CONTINUING DATA *None B.* *****

 ** FOREIGN APPLICATIONS *1/1 B.* *****

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Examiner's Signature <i>[Signature]</i> Allowance	Initials <i>B.</i>			

ADDRESS

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TITLE

Stereo camera

FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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